## REPORT OF VOLUNTEER FIRE FIGHTERS RELIEF AND PENSION FUND

This form is for use by fire departments and fire districts that maintain a fund for fire fighters NOT covered by the Arizona Public Safety Personnel Retirement System.

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Name of Department or District		
Mailing Address:	City:	Arizona, Zip Code
Report of Fund for Fiscal Year Ended _		
Signature of Secretary	Printed Name:	
Board Chairperson:		
Business Address:	City:	Arizona, Zip Code
Business Hours Telephone Number	Email Address:	
Type of Fund: A.R.S. § Title 9, Chapter 8, A.R.S. § Title 9, Chapter 8, Article		
Revenues:  Monies received from 2% premi	um tax distribution	
Interest earnings		
Employees' contributions		
Employer's contribution		
<b>Total Revenues</b>	•••••	
Expenditures:		
Refund payments		
Relief payments		
Disability payments		
Death Benefit payments		
Article 3 Pension payments		
Article 4 Pension distributions (p	oaid/volunteer)	
Payment to Private Fire Compan which covers pension liabilit		
Professional Services (legal, aud	iting, etc.)	
Total Expendit	ures	
Excess of Revenue over	(under) Expenditures	
Year's Beginning Balance	e	
Year's Ending Balance		

"Notwithstanding the provisions of Subsection A and C of this Section, if the board of trustees of a fire district assumes the responsibility for investing and reinvesting the funds pursuant to Section 9-957, Subsection B, the duties of the treasurer may be performed by a member of the board elected by the board. If the duties of the treasurer are performed by a member of the board, he shall be bonded for an amount determined by the board which amount shall not be less than the maximum amount of funds in the account at any one time during the previous year."

If a member of the board of trustees is treasurer of the of the fund, you must attach current **PROOF OF BOND.** 

Hjr:FFRPF PSRS/FY06 information/form SECRPTF fy07.doc

Form reviewed/approved by OSFM 070307

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## FUND DISTRIBUTIONS AUTHORIZED DURING FISCAL YEAR \_\_\_\_\_

Types of distribution include REFUND, RELIEF, DISABILITY, DEATH BENEFIT, ARTICLE 3 PENSION, OR ARTICLE 4 PENSION. You <u>must</u> list name of each beneficiary and amount distributed to each account. A.R.S. §Title 9, Chapter 8,

Please make sufficient copies to meet your needs or attach a separate list (report).

TYPE OF DISTRIBUTION NAME OF BENEFICIARY AMOUNT DISTRIBUTED

**ANNUAL AUDIT.** The board shall cause an annual audit and report of the fund. (A.R.S. § 9-956. Subsection A.)

The law no longer requires an audit by a certified public accountant; however, the audit cannot be done by a member of the Pension Fund Board of Trustees nor by a potential beneficiary of the pension fund. It must be done by an outside source.

## REPORTING REQUIREMENTS

A COPY OF THIS REPORT AND A COPY OF THE ANNUAL AUDIT SHALL BE SENT TO: (A.R.S. 9-956, Subsection C).

(A.R.S. 9-930, Subsection C).

Office of the State Fire Marshal, 1110 West Washington, Suite #100, Phoenix, Arizona 85007

AND

Department of Library, Archives and Public Records, State Capitol, 1700 West Washington, Phoenix, AZ 85007.

If the annual pension fund report is not received by the state fire marshal by the CLOSE OF BUSINESS on January 31, 2009 the participating <u>fire district</u> is not eligible to receive its share of fire insurance premium tax monies under section 9-952. A.R.S. 9-956, (D).